CLAIM	S AS FILED - PAR (Column 1)	T) (Column:2)		MALL EN		OR	OTHER	
TOTAL CLAIMS	24] F	RATE	FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAII	4S / 9 minus 20	. 4		X\$ 9=		OR	X\$18=	()
INDEPENDENT CLAIMS	<u>∫</u> manus 3	• \		X42=		OR	X84=	
MULTIPLE DEPENDENT CLA	IM PRESENT	0		+140=		OR	+280=	
* If the difference in column	1 is less than zero, en	ter "0" in column 2		TOTAL		OR	TOTAL	982
	S AMENDED - PA			SMALL	ENTITY	OR	OTHER SMALL	
(Cotumn CLAIM REMAIN		dumn 2) (Column GHEST UMBER PRESEN			ADDI-			ADDI
Total	PRE	EVIOUSLY EXTRA		RATE	TIONAL FEE		RATE	TIONA
Total • ()	Minus -	14 -	_],}	~X\$ 9÷		ÓЯ	X\$18=	
Independent FIRST PRESENTATION C	Minus	() =	4[X42=		OR	X84=	/
TING! TRESCRIATION.			7	*140±		OR	+280 =	
				TOTAL		OR	TOTAL ADDIT. FEE	
(Column		olumn 2) (Column CHEST						
D REMAIN	ING N PRI	UMBER PRESEN		RATE	ADDI- TIONAL	,	RATE	TION
The first series department of the first a light ?"	ENT P	AID FOR	-//	X\$ 9=	FEE		X\$18=	FEE
Tetal • 6	Minus	~ · /	/	^• 3≡ X42=		OR	X84=	/
FIRST PRESENTATION C	OF MULTIPLE DEPENDE	INT CLAIM			/	OA		/-
				+140= TOTAL		OR	+280=	
(Column	· 10	olumn:2): (Column		ODIT. FEE		JUH	ADDIT. FEE	
STALL STATES STATES AND CUAIN	State National Back	IGHEST UMBER PRESEN			ADDI-			ADD
AFTER AMENDM	PAI	EVIOUSLY EXTRA	Z	RATE	TIONAL FEE		RATE	TION
REMAIN AFTER AMENDM Total Independent Independent FIRST PRESENTATION	Minus			X\$ 9=		OR	X\$18=	
Independent • FIRST PRESENTATION (Minus	ENT CLAIM		X42=		OR	X84=	
	CETEND			+140=		OR	+280=	
* If the entry in column 1 is less: "If the "Highest Number Previous."	than the entry in column 2,	wite '0' in column 3 F is tess than 20 enter	30 V	TOYAL		OR	TOTAL ADDIT. FEE	